## **SINGLE BUSINESS TAX** NOTICE of NO SBT RETURN REQUIRED

This form is issued under authority of P.A. 228 of 1975. See instruction booklet for filing guidelines.

**STOP!** Read the instructions on the back before completing this form. This return is for calendar year **2000** or for the following tax year

′1	Beginning Date  month year 1 2000 1 2000 2 Ending Date  month year 2 2000 1 In the following parts are selected in the following parts are	ng tax year			
	2 Name(including DBA), Address, City, State, ZIP		Federal Emp	oyer ID N	lo. (FEIN) or TR No.
4	Enter your gross receipts.  Tax periods less than 12 months must be annualized if the business is taxable in another state, use apport and attach form C-8000H	tioned gross receipts		4	
5	Enter your recapture of capital acquisition deduction,	and attach form C-800	0D	5	
6	Adjusted Gross Receipts. Add lines 4 and 5		<b>&gt;</b>	6	
7	Enter your business income for the taxable year		<b>&gt;</b>	7	
8	Check this box if your adjusted gross receipts (line 6) expect this situation to continue or if your business of we will make your SBT account inactive. If your gross \$250,000 or more, you must file an SBT Annual Retuit you owe no tax	discontinued. If you che s receipts plus recaptur urn (form C-8000 or C-8	ck this box, e are 044) even	8 🔲	
9	Check this box if someone else prepares your return you DO NOT need a book mailed to you		······································	9	
If the amount on line 6 is \$250,000 or more, you must file an annual return.					
SIG	NATURE, DECLARATION AND AUTHORIZATION				
			DECLARATION		
and	clare, under penalty of perjury, that this return is true correct to the best of my knowledge.	of which I have any	knowledge.	is return is	based on all information
	I authorize Treasury to discuss my return with my preparer.  Do not discuss my return with my preparer.	Preparer's Signatu	re		Date
ахра	yer's Signature Date	Preparer's Name F	Printed		
axpayer's Name Printed		Business Address,	Phone and Identificat	ion Numbe	r
itle					

Attach all applicable schedules and

mail to:

Michigan Department of Treasury P.O. Box 30059

Lansing, MI 48909

Corporations: Attach a copy of your U.S. 1120, 1120A or

1120S pages 1 - 4. If you file as part of a consolidated

federal return, attach a consolidated (or proforma) schedule.

Individuals & Fiduciaries: Attach copies of U.S. 1040 Schedule C, C-EZ, D and E and 4797.

Partnerships: Attach copies of U.S. 1065, pages 1 - 4 and 8825.

Limited Liability Companies: Attach appropriate schedules shown above based on federal

return filed.

